

Phase 3.9 Household Pulse Survey

Welcome! Thank you for participating in the **Household Pulse Survey** sponsored by the U.S. Census Bureau and other federal agencies.

This survey will help measure the impact of social and economic factors, including ongoing impacts of coronavirus (COVID-19) on topics like:

- employment status
- food security
- housing security
- physical and mental wellbeing.

This survey is also available in Spanish. If you would like to change your language selection, please use the drop-down menu in the upper right corner of each page to select the language in which you prefer to complete the survey.

This survey is a cooperative effort across many government agencies to provide critical, up-to-date information on the U.S. population. Completing this 20-minute survey will help federal, state, and local agencies identify emergent issues in your community.

PRA

We estimate that completing this voluntary survey will take 20 minutes on average. Send comments regarding this estimate or any other aspect of this survey to adrm.pra@census.gov.

The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9 and Title 5, U.S. Code, Section 552a).

This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-1013, confirms this approval and expires on 10/31/2023.

The uses of your data are limited to those identified in the Privacy Act System of Record Notice titled, "SORN COMMERCE/Census-3, Demographic Survey Collection (Census Bureau Sampling Frame)."

To learn more about this survey go to: <https://www.census.gov/householdpulsedata>.

**** U.S. Census Bureau Notice and Consent Warning ****

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This survey is available in English and Spanish. Please select the language in which you prefer to complete the survey.

If you would like to change your language selection later, please use the drop down menu in the upper right corner of each page to select the language in which you prefer to complete the survey.

☐ English (1)

☐ Español (2)

These questions are for statistical purposes only.

D1 What year were you born? *Please enter a number.* _____

Race_sp **What is your race and/or ethnicity?** *Select all that apply.*

☐

White *For example, German, Irish, English, Italian, Polish, French, etc.* (1)

- ☐ **Hispanic or Latino** *For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc. (2)*
- ☐ **Black or African American** *For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. (3)*
- ☐ **Asian** *For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc. (4)*
- ☐ **American Indian or Alaskan Native** *For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc. (5)*
- ☐ **Middle Eastern or North African** *For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Israeli, etc. (6)*
- ☐ **Native Hawaiian or Pacific Islander** *For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc. (8)*

Q52

Next, we will collect detailed information for each race and/or ethnicity selected.

white_detailsp **You said that you are White. Provide details below. Select all that apply.**

- ☐ German (1)
- ☐ Italian (2)
- ☐ Irish (3)
- ☐ Polish (4)
- ☐ English (5)

☐

French (6)

☐

Enter, for example, Scottish, Norwegian, Dutch, etc. (7)

Hispanic_detailsp **You said that you are Hispanic or Latino. Provide details below. Select all that apply.**

☐

Mexican or Mexican American (1)

☐

Salvadoran (2)

☐

Puerto Rican (3)

☐

Dominican (4)

☐

Cuban (5)

☐

Colombian (6)

☐

Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. (7)

Black or AA_detailsp **You said that you are Black or African American. Provide details below. Select all that apply.**

☐

African American (1)

☐

Nigerian (2)

☐

Jamaican (3)

- ☐ Ethiopian (4)
- ☐ Haitian (5)
- ☐ Somali (6)
- ☐ *Enter, for example, Ghanaian, South African, Barbadian, etc. (7)*
-

Asian_detailsp **You said that you are Asian. Provide details below. Select all that apply.**

- ☐ Chinese (1)
- ☐ Vietnamese (2)
- ☐ Filipino (3)
- ☐ Korean (4)
- ☐ Asian Indian (5)
- ☐ Japanese (6)
- ☐ *Enter, for example, Pakistani, Cambodian, Hmong, etc. (7)*
-

AIAN_detailsp **You said that you are American Indian or Alaska Native. Please enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc. Click to write the question text**

MENA_detailsp **You said that you are Middle Eastern or North African. Provide details below. Select all that apply.**

- ☐ Lebanese (1)
 - ☐ Syrian (2)
 - ☐ Iranian (3)
 - ☐ Moroccan (4)
 - ☐ Egyptian (5)
 - ☐ Israeli (6)
 - ☐ *Enter, for example, Algerian, Iraqi, Kurdish, etc. (7)*
-

NHPI_detailsp **You said that you are Native Hawaiian or Pacific Islander. Provide details below. Select all that apply.**

- ☐ Native Hawaiian (1)
- ☐ Tongan (2)
- ☐ Samoan (3)
- ☐ Fijian (4)
- ☐ Chamorro (5)
- ☐ Marshallese (6)

☐

Enter, for example, Palouan, Tahitian, Chuukese, etc. (7)

D4 What is the highest degree or level of school you have completed? *Select only one answer.*

- ☐ Less than high school (1)
 - ☐ Some high school (2)
 - ☐ High school graduate or equivalent (for example GED) (3)
 - ☐ Some college, but degree not received or is in progress (4)
 - ☐ Associate's degree (for example AA, AS) (5)
 - ☐ Bachelor's degree (for example BA, BS, AB) (6)
 - ☐ Graduate degree (for example master's, professional, doctorate) (7)
-

D5 What is your marital status? *Select only one answer.*

- ☐ Now married (1)
 - ☐ Widowed (2)
 - ☐ Divorced (3)
 - ☐ Separated (4)
 - ☐ Never married (5)
-

D6 What sex were you assigned at birth, on your original birth certificate?

- ☐ Male (1)

☐ Female (2)

D7 Do you currently describe yourself as male, female or transgender?

☐ Male (1)

☐ Female (2)

☐ Transgender (3)

☐ None of these (4)

D8 Just to confirm, you were assigned "\${D6/ChoiceGroup/SelectedChoices}" at birth and now you describe yourself as "\${D7/ChoiceGroup/SelectedChoices}". Is that correct?

☐ Yes (1)

☐ No (2)

D6_correction Please confirm or correct your answer to the following question:
\${D6/QuestionText}

☐ Male (1)

☐ Female (2)

D7_correction Please confirm or correct your answer to the following question:
\${D7/QuestionText}

☐ Male (1)

☐ Female (2)

☐ Transgender (3)

☐ None of these (4)

D9_original Which of the following best represents how you think of yourself?

- ☐ Gay or lesbian (1)
- ☐ Straight, that is not gay or lesbian (2)
- ☐ Bisexual (3)
- ☐ Something else (4)
- ☐ I don't know (5)

D9_alternative Which of the following best represents how you think of yourself?

- ☐ Gay or lesbian (1)
- ☐ Straight, that is not gay or lesbian (2)
- ☐ Bisexual (3)
- ☐ Something else, please specify (4)

- ☐ I don't know (5)

D10 How many total people – adults and children – **currently** live in your household, including yourself? *Please enter a number.*

D11 How many people under 18 years-old **currently** live in your household? *Please enter a number.*

D12 In your household, are there... *Select all that apply.*

- ☐ Children under 5 years old? (1)
- ☐ Children 5 through 11 years old? (2)
- ☐ Children 12 through 17 years old? (3)

D13 During the school year that began in the **Summer / Fall of 2022**, how many children in this household were enrolled in Kindergarten through 12th grade or grade equivalent? *Enter whole numbers for all that apply.*

- ☐ Number enrolled in a public school (1) _____
- ☐ Number enrolled in a private school (2) _____
- ☐ Number homeschooled, that is not enrolled in public or private school (3)

- ☐ None (4)

D14 Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)?

Reserve and Guard members/spouses who are full-time active duty (AGR/FTS/AR) or currently "activated" should select the "Reserve or National Guard" response(s). Select all that apply.

- ☐ No (1)
- ☐ Yes, I'm serving on active duty (2)
- ☐ Yes, I'm serving in the Reserve or National Guard (3)
- ☐ Yes, my spouse is serving on active duty (4)

☐

Yes, my spouse is serving in the Reserve or National Guard (5)

The next set of questions ask about COVID-19 vaccination.

VAC1 Have you received at least one dose of a COVID-19 vaccine?

☐ Yes (1)

☐ No (2)

VAC2 How long ago was your most recent dose of the COVID-19 vaccine or booster?

☐ On or after September 1, 2022 (1)

☐ Before September 1, 2022 but less than a year ago (2)

☐ More than a year ago (3)

VAC5_rev For the children in this household, how long ago was their most recent dose of the COVID-19 vaccine or booster?

VAC5_1 Children under 5 years old

☐ On or after December 9, 2022 (1)

☐ Before December 9, 2022 but less than a year ago (2)

☐ More than a year ago (3)

☐ Not vaccinated (4)

VAC5_2 Children 5-11 years old

☐ On or after October 12, 2022 (1)

- ☐ Before October 12, 2022 but less than a year ago (2)
- ☐ More than a year ago (3)
- ☐ Not vaccinated (4)
-

VAC5_3 Children 12-17 years old

- ☐ On or after September 1, 2022 (1)
- ☐ Before September 1, 2022 but less than a year ago (2)
- ☐ More than a year ago (3)
- ☐ Not vaccinated (4)
-

VAC8_B Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

- ☐ Yes (1)
- ☐ No (2)
-

VAC8_C When did you test positive or were told you have or had COVID-19? *Select all that apply*

- ☐ Within the last four weeks (1)
- ☐ More than four weeks ago, but within the last year (2)
- ☐ More than a year ago.
-

New TREAT1. [Universe: VAC8_C: 1-2] Paxlovid and Lagevrio are oral antiviral medications that can be prescribed by a doctor to treat COVID-19. Did you take Paxlovid or Lagevrio for your most recent COVID-19 infection?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know (3)

PASC1 How would you describe your coronavirus symptoms when they were at their worst?

- ☐ I had no symptoms (1)
- ☐ I had mild symptoms (2)
- ☐ I had moderate symptoms (3)
- ☐ I had severe symptoms (4)

PASC2 Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

Long term symptoms may include: tiredness or fatigue, difficulty thinking or concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, changes to your menstrual cycle, changes to taste/smell, or inability to exercise.

- ☐ Yes (1)
- ☐ No (2)

PASC3 Do you have symptoms now?

- ☐ Yes (1)
 - ☐ No (2)
-

PASC4 Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

- ☐ Yes, a lot (1)
- ☐ Yes, a little (2)
- ☐ Not at all (3)

COVID-Test1: [Universe: all adults] Over the last year, have you obtained COVID-19 at-home tests?

- ☐ Yes – go to COVID-Test1a
- ☐ No – go to COVID-Test2

COVID-Test1a: [Universe: yes to COVID-Test1] Over the last year, how have you obtained COVID-19 at home tests?

Select all that apply.

- ☐ I obtained free tests through my health insurance (including mail order or at a pharmacy or store)
- ☐ I ordered free tests from covidtests.gov or the US Postal Service
- ☐ I received free at-home tests from the local health department, my employer, my school, or another source
- ☐ I paid for tests at a pharmacy or store, and got reimbursed by my insurance
- ☐ I paid for tests at a pharmacy or store, and *did not* get reimbursed by my insurance
- ☐ Other, please specify

COVID-Test2: [Universe: all adults] As of May 11, 2023, health insurance companies will no longer be required to cover the cost of COVID-19 tests. You may have to pay a co-pay or deductible for tests done in a doctor's office or pharmacy, and you may not be reimbursed for tests you buy at the store. As a result of this change in policy, will you (*Select all that apply*):

- ☐ Purchase at-home tests without reimbursement
- ☐ Test less frequently

- ☐ Not test for COVID-19 at all, even if feeling sick or exposed to COVID-19
- ☐ Go to a doctor or pharmacy to receive a lab test instead of an at-home test
- ☐ I don't know
-

Now we are going to ask about your employment.

EMP1 Have you, or has anyone in your household experienced a loss of employment income **in the last 4 weeks**? *Select only one answer.*

- ☐ Yes (1)
- ☐ No (2)
-

EMP2

In the **last 7 days**, did you do **ANY** work for either pay or profit? *Select only one answer.*

- ☐ Yes (1)
- ☐ No (2)
-

EMP3 Are you employed by the government, by a private company, a nonprofit organization or are you self-employed or working in a family business? *Select only one answer.*

- ☐ Government (1)
- ☐ Private company (2)
- ☐ Non-profit organization including tax exempt and charitable organizations (3)

- ☐ Self-employed (4)
 - ☐ Working in a family business (5)
-

EMP4 What is your main reason for not working for pay or profit? *Select only one answer.*
I did not work because:

- ☐ I did not want to be employed at this time (1)
 - ☐ I am/was sick or caring for someone who is/was sick with coronavirus symptoms or concerned about getting or spreading coronavirus (including long-term effects of coronavirus) (2)
 - ☐ I am/was caring for children not in school or daycare (3)
 - ☐ I am/was caring for an elderly person (4)
 - ☐ I am/was sick or disabled (not coronavirus related) (5)
 - ☐ I am retired (6)
 - ☐ I am/was laid off or furloughed (7)
 - ☐ My employer closed temporarily or went out of business (8)
 - ☐ I do/did not have transportation to work (9)
 - ☐ Other reason, please specify (10)
-

EMP4a Was this because of...? *Select only one answer.*

- ☐ The coronavirus pandemic (1)
- ☐ A natural disaster (Hurricane, Fire, Flood, Tornado, etc.) (2)

☐ Some other reason, please specify (3)

EMP6 What kind of business, industry, or organization is this? That is, what do they make or do where you work? *Select only one answer.*

- ☐ Agriculture, Forestry, Fishing and Hunting (1)
- ☐ Mining, Quarrying, and Oil and Gas Extraction (2)
- ☐ Utilities (3)
- ☐ Construction (4)
- ☐ Manufacturing (5)
- ☐ Wholesale Trade (6)
- ☐ Retail Trade (7)
- ☐ Transportation and Warehousing (8)
- ☐ Information Technology (9)
- ☐ Finance and Insurance (10)
- ☐ Real Estate and Rental and Leasing (11)
- ☐ Professional, Scientific, and Technical Services (12)
- ☐ Management of Companies and Enterprises (13)
- ☐ Administrative and Support Services (14)
- ☐ Waste Management and Remediation Services (15)
- ☐ Educational Services (16)
- ☐ Health Care (17)

- ☐ Social Assistance (18)
 - ☐ Arts, Entertainment, and Recreation (19)
 - ☐ Accommodation and Food Services (20)
 - ☐ Public Administration (21)
 - ☐ Other Services (except Public Administration) (22)
-

EMPUI1 Since **January 1, 2023**, have you applied for Unemployment Insurance (UI) benefits?
Select only one answer.

- ☐ Yes (1)
 - ☐ No (2)
-

EMPUI2 Since **January 1, 2023**, have you received Unemployment Insurance (UI) benefits?
Select only one answer.

- ☐ Yes (1)
 - ☐ No (2)
-

EMPUI3 Have you received Unemployment Insurance (UI) benefits in the **last 7 days**? *Select only one answer.*

- ☐ Yes (1)
 - ☐ No (2)
-

INFLATE1 In the area where you live and shop, do you think prices in general have changed **in the last 2 months**? *Select only one answer.*

- ☐ I think prices have increased (1)
 - ☐ I do not think prices have changed (2)
 - ☐ I think prices have decreased (3)
 - ☐ I do not know (4)
-

INFLATE2 How stressful, if at all, has the increase in prices **in the last 2 months** been for you? *Select only one answer.*

- ☐ Very stressful (1)
 - ☐ Moderately stressful (2)
 - ☐ A little stressful (3)
 - ☐ Not at all stressful (4)
-

INFLATE3 What changes, if any, have you made or do you plan to make to cope with the increase in prices? *Select all that apply.*

- ☐ Shop at stores that offer lower prices, look for sales, and/or use coupons (1)
- ☐ Switch from name brand to generic products (2)
- ☐ Purchase less fresh produce and/or meat (3)
- ☐ Go out to eat less often or order food for delivery less often (4)
- ☐ Cancel or reduce subscription services (for example, streaming services, meal delivery services, cell phone plan) (5)
- ☐ Cancel or decrease plans to attend events (6)

- ☐ Drive less or change mode of transportation (for example, bike or take public transportation instead of drive) (7)
 - ☐ Delay major purchases (for example, home repair/renovation, vacations, vehicles, home appliances, cell phone or computer) (8)
 - ☐ Delay medical treatment (for example, refill prescription, surgery) (9)
 - ☐ Work additional job(s)/shift(s) to supplement income (10)
 - ☐ Contribute less to savings and/or retirement accounts (11)
 - ☐ Increase use of credit cards, loans, and/or pawnshops (12)
 - ☐ Decrease use of utilities (for example, cooling, heating, water, electricity) (13)
 - ☐ Move to less expensive housing (14)
 - ☐ Ask friends and/or family for help (15)
 - ☐ Change or reduce plans for childcare arrangements to save money (16)
 - ☐ Utilize benefits from charities (17)
 - ☐ Other (18)
 - ☐ I have not made any changes (19)
-

INFLATE4 In the area you live and shop, how concerned are you, if at all, that prices will increase **in the next 6 months**? *Select only one answer.*

- ☐ Very concerned (1)

- ☐ Somewhat concerned (2)
 - ☐ A little concerned (3)
 - ☐ Not at all concerned (4)
-

The next questions ask about your household's spending in the **last 7 days**. Please only include experiences that occurred in the **last 7 days**.

SPN4

In the **last 7 days**, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? *Select only one answer.*

- ☐ Not at all difficult (1)
 - ☐ A little difficult (2)
 - ☐ Somewhat difficult (3)
 - ☐ Very difficult (4)
-

SPN5_DAYSTW In the **last 7 days**, have any of the people in your household teleworked or worked from home?

- ☐ Yes, for 1-2 days (1)
- ☐ Yes, for 3-4 days (2)
- ☐ Yes, for 5 or more days (3)
- ☐ No (4)

SPN5_DAYSTW_2 In the **last 7 days**, have you teleworked or worked from home?

- ☐ Yes, for 1-2 days (1)
 - ☐ Yes, for 3-4 days (2)
 - ☐ Yes, for 5 or more days (3)
 - ☐ No (4)
-

SPN6 Thinking about your experience in the **last 7 days**, which of the following did you or your household members use to meet your spending needs? *Select all that apply.*

- ☐ Regular income sources (1)
- ☐ Credit cards or loans (2)
- ☐ Money from savings or selling assets or possessions (including withdrawals from retirement accounts) (3)
- ☐ Borrowing from friends or family (4)
- ☐ Unemployment insurance (UI) benefit payments (5)
- ☐ Money saved from deferred or forgiven payments (to meet your spending needs) (6)
- ☐ Supplemental Nutrition Assistance Program (SNAP) (7)
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (8)
- ☐ School meal debit/EBT cards (9)

☐ Government rental assistance (10)

☐ Other, specify: (11) _____

FD1 Getting enough food can also be a problem for some people. In the **last 7 days**, which of these statements best describes the food eaten in your household? *Select only one answer.*

- ☐ Enough of the kinds of food (I/we) wanted to eat (1)
- ☐ Enough, but not always the kinds of food (I/we) wanted to eat (2)
- ☐ Sometimes not enough to eat (3)
- ☐ Often not enough to eat (4)
-

FD2

Please indicate whether the next statement was often true, sometimes true, or never true in the **last 7 days** for the children living in your household who are under 18 years old.

"The children were not eating enough because we just couldn't afford enough food."

- ☐ Often true (1)
- ☐ Sometimes true (2)
- ☐ Never true (3)
-

FD3 Why did you not have enough to eat (or not what you wanted to eat)? *Select all that apply.*

☐ Couldn't afford to buy more food (1)

☐ Couldn't get to store to buy food (for example, didn't have transportation, have mobility or health limitations that prevent you from getting out) (2)

- ☐ Couldn't go to store due to safety concerns (3)
- ☐ None of the above (4)
-

FD4 During the **last 7 days**, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that provides free food? *Select only one answer.*

- ☐ Yes (1)
- ☐ No (2)
-

FD5 Do any of the children in this household... *Select all that apply.*

- ☐ Receive free meals at school (1)
- ☐ Pay for reduced-price meals at school (2)
- ☐ Pay for full-price meals at school (3)
- ☐ Pick up free meals at a school or other location (4)
- ☐ Receive or use an EBT card to help buy groceries (5)
- ☐ Eat free meals at a location other than school (6)
- ☐ Have free meals delivered (7)
- ☐ None of the above (8)
-

FD6_new Do you or does anyone in your household receive benefits from... *Select all that apply.*

- ☐ Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program (1)
- ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) (2)
- ☐ None of these (3)
-

FD7_new Does having to pay for the food children eat at school make it difficult for your household to pay for other expenses?

- ☐ Yes (1)
- ☐ No (2)

The next questions are about how much money you and your household spend on food at supermarkets, grocery stores, other types of stores, and food service establishments, like restaurants and drive-thrus. When you answer these questions, please do not include money spent on alcoholic beverages.

Q28 During the **last 7 days**, how much money did you and your household spend on food at supermarkets, grocery stores, online, and other places you buy food to prepare and eat at home? Please include purchases made with SNAP or food stamps. *Enter dollar amount.*

Q28_warn **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

Q28_check You said that you spent \$\$[Q28/ChoiceTextEntryValue](#).00 on food at supermarkets, grocery stores, online, and other places during the **last 7 days**. This amount seems unusually high. Are you sure it is the correct amount?

- ☐ Yes (1)
- ☐ No, I need to correct the amount (2)
-

Q28_correction **Please provide the correct amount (or your best estimate).**

During the **last 7 days**, how much money did you and your household spend on food at supermarkets, grocery stores, online, and other places you buy food to prepare and eat at home? Please include purchases made with SNAP or food stamps. *Enter dollar amount.*

Q28_warn2 **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

Q29 During the **last 7 days**, how much money did you and your household spend on prepared meals, including eating out, fast food, and carry out or delivered meals? Please include money spent in cafeterias at work or at school or on vending machines. Please do not include money you have already told us about in the previous question. *Enter dollar amount.*

Q29_warn **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

Q29_check You said that you spent \$\$[Q29/ChoiceTextEntryValue](#).00 on prepared meals during the **last 7 days**. This amount seems unusually high. Are you sure it is the correct amount?

- ☐ Yes (1)
- ☐ No, I need to correct the amount (2)
-

Q29_correction **Please provide the correct amount (or your best estimate).**

During the last 7 days, how much money did you and your household spend on prepared meals, including eating out, fast food, and carry out or delivered meals? Please include money spent in cafeterias at work or at school or on vending machines. Please do not include money you have already told us about in the previous question. *Enter dollar amount.*

Q29_warn2 **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

INF1 Are there any babies or infants under the age of 18 months (one and a half years) old in your household?

☐ Yes (1)

☐ No (2)

INF2 How many months old is the baby or infant in your household? If there is more than one, please report the age of the youngest.

☐ Under 6 months (1)

☐ Between 6 months and 9 months (2)

☐ Between 9 months and 12 months (3)

☐ Between 12 and 18 months (4)

INF3 Has your household been affected by a shortage in Infant Formula ?

☐ Yes (1)

☐ No (2)

INF4 Please state how you dealt with the Infant Formula shortage. *Select all that apply.*

- ☐ Increased breastfeeding or using pumped breastmilk (1)
- ☐ Changed from powder to liquid (liquid concentrate or ready-to-feed (RTF)) (2)
- ☐ Got Infant Formula at a different store than where I usually shop (3)
- ☐ Got Infant Formula online (for example, Instacart, Amazon, Google Market, secondary market, or other) (4)
- ☐ Received direct shipment of Infant Formula from the Infant Formula company (5)
- ☐ Changed to a different brand of Infant Formula (any form, powder or liquid, including non-American brands) (6)
- ☐ Changed from Infant Formula to something else (for example: Cow milk, Goat milk, Soy milk, Almond milk, Oat milk, or Toddler Drink/Formula) (7)
- ☐ Stopped offering Infant Formula (8)
- ☐ Watering down formula (9)
- ☐ Making your own formula (10)
- ☐ Received formula from family, friends, or others (like community groups or online networks) (11)
- ☐ Other, specify: (12)

INF5. How is the baby in your household fed (in addition to any solid foods the baby may be consuming)? *If there is more than one baby, please report on the youngest.*

- ☐ Breastfeeding (or pumped breastmilk) only (Go to ND1)

- ☐ Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula
- ☐ Infant formula only
- ☐ Baby isn't fed breastmilk OR Infant formula

INF6 In the **last 7 days**, did you have difficulty getting Infant Formula?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ I did not try to get formula in the last 7 days (3)
-

INF7 Currently, how much Infant Formula do you have on hand?

- ☐ Formula for more than one month (1)
 - ☐ Formula for about two or three weeks (2)
 - ☐ Formula for about a week (3)
 - ☐ Formula for less than a week (4)
 - ☐ None (5)
-

INF8 What type of Infant Formula does the baby get? *Select all that apply.*

- ☐ Regular or Routine Infant Formula (for example, Similac, Enfamil, NAN1, Good Start, Earth's Best, Happy Baby, Burt's Bees, Baby's Only, Kendamil, J&J Sunrise, Store Label, Private Label) (1)
- ☐ Extensively Hydrolyzed Infant Formula (for example, Alimentum, Gerber Extensive HA, Nutramigen) (2)
- ☐ Amino Acid Based Infant Formula (for example, Alfamino, EleCare, Neocate, PurAmino) (3)

☐ Specialty/Metabolic Infant Formulas (for example, Calcilo XD, Pregestimil, Enfaport, Cyclinex-1, Glutarex-1, Hominex-1, I-Valex-1, Ketonex-1, Phenex-1, Pro-Phree, Propimex-1, RCF, Tyrex-1) (4)

☐ The baby does not get formula (5)

ND1 The next set of questions asks about natural disasters, such as hurricanes, floods and fires.

In the past year, were you displaced from your home because of a natural disaster?

☐ Yes (1)

☐ No (2)

ND2 What type of natural disaster? *Select all that apply.*

☐ Hurricane (1)

☐ Flood (2)

☐ Fire (3)

☐ Tornado (4)

☐ Other, specify (5) _____

ND3 How long were you displaced from your home?

☐ Less than a week (1)

☐ More than a week but less than a month (2)

☐ One to six months (3)

- ☐ More than six months (4)
 - ☐ Never returned to home (5)
-

ND4 Altogether, how much damage to your property or possessions did you experience as a result of natural disasters in the last year? Would you say no damage, some damage, a moderate amount of damage, or a lot of damage?

- ☐ No damage (1)
 - ☐ Some damage (2)
 - ☐ Moderate amount of damage (3)
 - ☐ A lot of damage (4)
-

ND5 In the first month after the natural disaster, to what extent did you experience any of the following:

ND5A A shortage of food?

- ☐ Not at all (1)
 - ☐ A little (2)
 - ☐ Some (3)
 - ☐ A lot (4)
-

ND5B A shortage of drinkable water?

- ☐ Not at all (1)
- ☐ A little (2)

☐ Some (3)

☐ A lot (4)

ND5C Loss of electricity?

☐ Not at all (1)

☐ A little (2)

☐ Some (3)

☐ A lot (4)

ND5D Unsanitary conditions, such as inadequate toilets?

☐ Not at all (1)

☐ A little (2)

☐ Some (3)

☐ A lot (4)

ND5E Feeling isolated?

☐ Not at all (1)

☐ A little (2)

☐ Some (3)

☐ A lot (4)

ND5F Fear of crime?

- ☐ Not at all (1)
 - ☐ A little (2)
 - ☐ Some (3)
 - ☐ A lot (4)
-

ND5G Offers that seemed like a scam?

- ☐ Not at all (1)
 - ☐ A little (2)
 - ☐ Some (3)
 - ☐ A lot (4)
-

Next, we will ask about health and medical care.

HLTH_intro Over the **last 2 weeks**, how often have you been bothered by...

HLTH1 Feeling nervous, anxious, or on edge? *Select only one answer.*

- ☐ Not at all (1)
- ☐ Several days (2)
- ☐ More than half the days (3)
- ☐ Nearly every day (4)

HLTH2 Not being able to stop or control worrying? *Select only one answer.*

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

HLTH3 Having little interest or pleasure in doing things? *Select only one answer.*

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

HLTH4 Feeling down, depressed, or hopeless? *Select only one answer.*

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

MH1 During the **last 4 weeks**, did any children in your household need mental health treatment? *Mental health treatment includes health services like counseling or medication.*

- ☐ Yes, all children needed mental health treatment

- ☐ Yes, some but not all children needed mental health treatment
- ☐ No, none of the children needed mental health treatment [skip questions MH2-MH4]

MH2 If yes, did the children who need mental health treatment receive it?

- ☐ Yes, all children who needed treatment received it
- ☐ Yes, but only some children who needed treatment received it
- ☐ No, none of the children who needed treatment received it [skip question b]

MH3 If yes, were you satisfied with the type, quality, and quantity of mental health treatment the children received?

- ☐ Satisfied with all of the mental health treatment the children received
- ☐ Satisfied with some but not all of the mental health treatment the children received
- ☐ Not satisfied with the mental health treatment the children received

MH 4 How difficult was it to get mental health treatment for the children?

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Unable to get treatment due to difficulty
- ☐ Did not try to get treatment

HLTH8 Are you currently covered by any of the following types of health insurance or health coverage plans? *Mark Yes or No for each.*

	Yes (1)	No (2)
Insurance through a current or former employer or union (through yourself or another family member) (1)	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2)	<input type="radio"/>	<input type="radio"/>

Medicare, for people 65 and older, or people with certain disabilities (3)

☐☐

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)

☐☐

TRICARE or other military health care (5)

☐☐

VA (including those who have ever used or enrolled for VA health care) (6)

☐☐

Indian Health Service (7)

☐☐

Other (8)

☐☐

MEDICAID_1 Since **January 1, 2022**, have you ever had Medicaid coverage?

☐ Yes, I had Medicaid coverage, but I no longer have it (1)

☐ No, I have not had Medicaid since January 1, 2022 (3)

MEDICAID_2 What was the main reason you no longer have Medicaid?

☐ I gained new coverage and chose to drop Medicaid (1)

☐ I moved to a new state (2)

☐ I no longer qualify for Medicaid (3)

☐ I tried to stay in Medicaid, but I could not complete the renewal process (4)

DIS1 Do you have difficulty seeing, even when wearing glasses? *Select only one answer.*

- ☐ No - no difficulty (1)
 - ☐ Yes - some difficulty (2)
 - ☐ Yes - a lot of difficulty (3)
 - ☐ Cannot do at all (4)
-

DIS2 Do you have difficulty hearing, even when using a hearing aid? *Select only one answer.*

- ☐ No - no difficulty (1)
 - ☐ Yes - some difficulty (2)
 - ☐ Yes - a lot of difficulty (3)
 - ☐ Cannot do at all (4)
-

DIS4 Do you have difficulty walking or climbing stairs? *Select only one answer.*

- ☐ No - no difficulty (1)
- ☐ Yes - some difficulty (2)
- ☐ Yes - a lot of difficulty (3)
- ☐ Cannot do at all (4)

DIS3 Do you have difficulty remembering or concentrating? *Select only one answer.*

- ☐ No - no difficulty (1)
- ☐ Yes - some difficulty (2)

- ☐ Yes - a lot of difficulty (3)
- ☐ Cannot do at all (4)

DIS5 Do you have difficulty with self-care, such as washing all over or dressing? *Select only one answer.*

- ☐ No - no difficulty (1)
 - ☐ Yes - some difficulty (2)
 - ☐ Yes - a lot of difficulty (3)
 - ☐ Cannot do at all (4)
-

DIS6 Using your usual language, do you have difficulty communicating, for example understanding or being understood? *Select only one answer.*

- ☐ No - no difficulty (1)
 - ☐ Yes - some difficulty (2)
 - ☐ Yes - a lot of difficulty (3)
 - ☐ Cannot do at all (4)
-

HSE1

The next questions ask about housing.

Is your house or apartment...? *Select only one answer.*

- ☐ Owned by you or someone in this household free and clear? (1)

- ☐ Owned by you or someone in this household with a mortgage or loan (including home equity loans)? (2)
 - ☐ Rented? (3)
 - ☐ Occupied without payment of rent? (4)
-

HSE2 Which best describes this building? Include all apartments, flats, etc., even if vacant.
Select only one answer.

- ☐ A mobile home (1)
 - ☐ A one-family house detached from any other house (2)
 - ☐ A one-family house attached to one or more houses (3)
 - ☐ A building with 2 apartments (4)
 - ☐ A building with 3 or 4 apartments (5)
 - ☐ A building with 5 or more apartments (6)
 - ☐ Boat, RV, van, etc. (7)
-

HSEnew2 Has your monthly rent changed during the last 12 months? If so, by how much?

- ☐ My rent did not change (1)
- ☐ My rent decreased (2)
- ☐ My rent increased by less than \$100 (3)
- ☐ My rent increased by \$100-\$249 (4)
- ☐ My rent increased by \$250-\$500 (5)
- ☐ My rent increased by more than \$500 (6)

HSE3 Is this household **currently** caught up on rent payments? *Select only one answer.*

- ☐ Yes (1)
- ☐ No (2)
-

HSE4 Is this household **currently** caught up on mortgage payments? *Select only one answer.*

- ☐ Yes (1)
- ☐ No (2)
-

HSE6 How many months behind is this household in paying your rent or mortgage?

HSE7rev. Thinking of all the places you've lived during the last six months, did you ever feel pressure to move due to any of the following reasons? Select all that apply.

- ☐ Because the landlord raised the rent?
- ☐ Because you missed a rent payment and you thought you would be evicted?
- ☐ Because the landlord did not make repairs?
- ☐ Because you were threatened with eviction or told to leave by your landlord?
- ☐ Because your landlord changed the locks, removed your belongings, or shut off your utilities?
- ☐ Because the neighborhood was dangerous?
- ☐ Some other pressure
- ☐ Did not feel pressure to move. (skip to HSE8)

(Universe HSE7rev 1-7)

HSE7b. During the last six months, did you actually move from any place you were living as a result of this pressure?

- ☐ Yes
 - ☐ No
-

HSE8 How likely is it that your household will have to leave this home or apartment within the **next 2 months** because of eviction? *Select only one answer.*

- ☐ Very likely (1)
 - ☐ Somewhat likely (2)
 - ☐ Not very likely (3)
 - ☐ Not likely at all (4)
-

HSE9 How likely is it that your household will have to leave this home within the **next 2 months** because of foreclosure? *Select only one answer.*

- ☐ Very likely (1)
 - ☐ Somewhat likely (2)
 - ☐ Not very likely (3)
 - ☐ Not likely at all (4)
-

HSE10 In the **last 12 months**, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?

- ☐ Almost every month (1)
- ☐ Some months (2)

☐ 1 or 2 months (3)

☐ Never (4)

HSE11 In the **last 12 months**, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?

☐ Almost every month (1)

☐ Some months (2)

☐ 1 or 2 months (3)

☐ Never (4)

HSE12 In the **last 12 months**, how many times was your household unable to pay an energy bill or unable to pay the full bill amount?

☐ Almost every month (1)

☐ Some months (2)

☐ 1 or 2 months (3)

☐ Never (4)

GAS1 Has the cost of gas in the **last 7 days** caused you to: *Select all that apply.*

☐

Choose not to take a trip (for example, chose not to visit a friend/restaurant/park etc., change a task from in-person to online to reduce gas use) (1)

☐

Combine trips (2)

- ☐ Take alternative modes of transportation (for example, public transit, ridesharing, bike, etc.) (3)
- ☐ None of these - the cost of gas has not affected my driving behavior (4)
-

INC1 In 2022 what was your total household income before taxes? *Select only one answer.*

- ☐ Less than \$25,000 (1)
- ☐ \$25,000 - \$34,999 (2)
- ☐ \$35,000 - \$49,999 (3)
- ☐ \$50,000 - \$74,999 (4)
- ☐ \$75,000 - \$99,999 (5)
- ☐ \$100,000 - \$149,999 (6)
- ☐ \$150,000 - \$199,999 (7)
- ☐ \$200,000 and above (8)

The U.S. Census Bureau is interested in understanding geographic differences in experiences with the coronavirus pandemic. To help us analyze survey responses across the entire United States, please provide your complete **current** street address below. Your address information will only be used for statistical analyses conducted by the U.S. Census Bureau and will not be used for any other purpose or shared with any other parties.

- ☐ Address Number (1) _____
- ☐ Street Name (2) _____
- ☐ Apt Unit (3) _____
- ☐ City (4) _____

☐ State (5) _____

☐ Zip (6) _____

☐

I do not have a street address (1)

Do you have a Rural Route address?

☐ Yes (1)

☐ No (2)

Please provide the Rural Route address where you **currently** reside.

Also, provide a description of the physical location in the space provided.

☐ RR Descriptor (1) _____

☐ Rural Route No (2) _____

☐ RR Box ID (3) _____

☐ City (4) _____

☐ State (5) _____

☐ Zip Code (6) _____

Please provide as much information as possible.

For example, if you also have a street address associated with your residence, such as one used for emergency services (E - 911) or for you to have a package delivered to your home, then please provide it here.

Please provide the city and state or ZIP Code where you are **currently** living. Also, describe the physical location in the space provided.

☐ City (1) _____

☐ State (2) _____

☐ Zip (3) _____

Please provide as much information as possible.

For example: a location description such as "The apartment over the gas station" or "The brick house with the screened porch on the northeast corner of Farm Road and HC46" or a name of a park, street intersection or shelter, if you are experiencing homelessness, as well as the name of the city and state. For example, "Friendship Park, Anywhere PA."

Because we are interested in how the social and economic effects of coronavirus and other emergent issues change over time, we may contact you again in the coming weeks. What is the best way for us to contact you?

☐ Text message (1)

☐ Email (2)

To help us contact you, please provide the best phone number to reach you.

To help us contact you, please provide the best email address to reach you.

Is there anything else related to the coronavirus pandemic or other social and end economic issues you would like to tell us?

That concludes the survey. Please click on the “Submit” button when you are finished. Thank you for participating in the Household Pulse Survey. If you have any questions about this survey please visit <https://www.census.gov/householdpulsedata>. You can validate that this survey is a legitimate federally-approved information collection using the U.S. Office of Management and Budget approval number 0607-1013, expiring on 10/31/2023. If you need help during this time, here are some resources that may help:

Infant Formula:

[Information for Families During the Infant Formula Shortage | Nutrition | CDC](#)
[Questions & Answers for Consumers Concerning Infant Formula | FDA](#)

General: <https://www.coronavirus.gov/>

Meal finder for kids: <https://www.fns.usda.gov/meals4kids>

Unemployment services: <https://www.usa.gov/unemployment>

The National Suicide Prevention Lifeline: 988lifeline.org